COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return it to the above address if you have reason to believe that a licensee regulated by the Rhode Island Board of Accountancy has violated the law or failed to meet his/her responsibilities and obligations to the public.

Complainant’s Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
<th>Date Filed</th>
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</table>

Street          City/Town       State       Zip Code

Mailing Address (if different from above)

Home Telephone    Business Telephone and Extension

Name, address and phone number of person who always knows where to contact me

Licensee about whom I am filing a complaint:

Name: ____________________________

Business Address: ____________________________ Phone: ____________________________

Residence Address: ____________________________ Phone: ____________________________

Other Federal, State, municipal, local agencies or legal counsel I have contacted with regard to this complaint, including results of contacts: ____________________________

Explain as fully as possible below or on attached sheet(s) the exact nature of your complaint against the licensee. Be certain to include specific information such as dates, name, address and telephone number of offending licensee, etc. Also, attach any documentation, which you feel will help support your allegations.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

The undersigned declares that the statements, answers, representations and allegations contained herein are true and correct to the best of his/her knowledge and belief.

Signed: ____________________________ Date: ____________________________